

OFFSITE SURVEY PREPARATION WORKSHEET

Facility Name:	_____	Ombudsman Name/Number:	_____
Facility Address:	_____	Ombudsman Contact Date:	_____
Provider Number:	_____	Offsite Review Date:	_____
Total Beds:	_____	Survey Begin Date:	_____

List potential facility areas of concern and any potential residents to be reviewed during the survey. List any current complaints to be investigated onsite.

Surveyors/Discipline (list Team Coordinator first):
